



A06-0041 01-20-03

Application Form

Baxter Healthcare Corporation

Name of facility*

Baxter International

Name of parent company (if any)

1900 N. Hwy. 201

Street address

Street address (continued)

Mountain Home/AR/72653

City/State/Zip code

Give us information about your contact person for the National Environmental Performance Track Program.

Name Mr./Mrs./Ms./Dr. Mr. Jason Barnes or Mrs. Carolyn Walker

Title EHS Superintendent Environmental Administrator

Phone 870-424-5528 870-424-5336

Fax 870-424-5220

E-mail Jason_Barnes@baxter.com Carolyn_Walker@baxter.com

Facility/Company Website Baxter.com

* If you are applying for multiple facilities, you must call 1-888-339-PTRK(7875)

Why do we need this information?

EPA needs background information on your facility to evaluate your application.

What do you need to do?

- ♦ Provide background information on your facility.

Section A

Tell us about your facility.

1 What do you do or make at your facility?

Baxter Mountain Home specializes in the manufacture of medical device products such as units that separate the plasma components of human blood, sets that allow end-stage renal patients to complete kidney dialysis at home, and intravenous products used to administer medicine and nutrition. The site is the largest medical grade plastics manufacturer in the world.

2 List the North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

NAICS
326113 326121 339112

3 Does your company meet the Small Business Administration definition of a small business for your sector?

☐ Yes ☒ No

4 How many employees (full-time equivalents) currently work at your facility? If you checked "Yes" in question 3 and have fewer than 50 employees at your facility, then you are considered a "small facility" by the Performance Track Program.

- ☐ Fewer than 50
☐ 50-99
☐ 100-499
☐ 500-1,000
☒ More than 1,000

5 Complete the Environmental Requirements Checklist on pages 32-38 of the instructions and enclose it with your application.

Section A, continued

Expiration Date:

- 6 Optional: Is there anything else you would like to tell us about your facility? Do you participate in other voluntary programs at the local, tribal, State, or Federal level?

Baxter Mountain Home, part of the Renal Division of Baxter Healthcare, opened in 1964 with 30 employees manufacturing intravenous devices and plastics. Today, over 1600 dedicated, empowered employees work at the facility. The facility has grown from the original 200,000 square feet of manufacturing and warehouse space to over 600,000 square feet of manufacturing, laboratory, warehouse, maintenance and office space. The value of production exceeds \$200,000,000. The latest chemical, mechanical, and electronic technologies are used in the processes including nuclear source gauging, auto-assembly and testing, optical evaluation, automated packaging and palletization, computerized precision measurement, state-of-the-art plastics blending, precision injection and blow molding, electronic data acquisition systems, and electron beam sterilization.

The facility is ISO 9001, ISO14001 and CE Mark certified.

Successes are evident in the awards the facility has achieved. Mountain Home is a winner of Baxter Healthcare's Corporation's highest safety award - The President's Award as well as a two-time winner of the Best Safety, Health and Environmental Program Award. The facility has won the Corporation's BEHSt Baxter's Environmental, Health and Safety Standard, Health Promotion Award and Wellness Award.

Mountain Home is also the two-time winner of the Baxter Healthcare Corporation's highest quality award - The Patterson Quality Award.

The facility is a recipient of the highest quality award the State of Arkansas presents - The Arkansas Governor's Quality Award. Mountain Home was recognized by Industry Week Magazine as one of the top ten manufacturing facilities in America, and by Fortune Magazine and the Utah State University (Shingo Prize) as a leader in Lean Manufacturing. The facility has earned numerous environmental accolades including the EPA Region VI Administrator's Environmental Excellence Award and the Arkansas Waterworks and Environmental Association Industrial User Compliance Award.

The facility achieved OSHA VPP Star status in 2001.

Why do we need this information?

Facilities need to have an operating Environmental Management System (EMS) that meets certain requirements.

What do you need to do?

- ♦ Confirm that your EMS meets the Performance Track requirements.
- ♦ Tell us if you have completed a self-assessment or have had a third-party assessment of your EMS.

Section B

Tell us about your EMS.

Read the EMS requirements on page 9-12 of instructions.
Tell us if your EMS meets these requirements for:

- | | | | |
|----|--|---|-----------------------------|
| 1 | Environmental policy _____ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Planning _____ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Implementing and operation _____ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Checking and corrective action _____ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | Management review _____ | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Have you done a comprehensive review of all activities conducted at your facility that could impact the environment? (i.e., have you done an aspect analysis?) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | Have you classified your aspects based on their potential harm to the environment, on community concerns, and/or on other objective factors? (i.e., have you determined your significant aspects?) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 | When did you last update your aspect analysis? (mo/yr) | July 2002 | |
| 9 | Have you completed at least one EMS cycle (plan-do-check-act)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 | Did this cycle include both an EMS and a compliance audit? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | Have you completed an objective self-assessment or third-party assessment of your EMS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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If yes, what method of EMS assessment did you use?

Self-assessment

☐ GEMI

☐ CEMP

☒ Other
Compliance/EMS

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Third-party assessment

☒ ISO 14001 Certification

☒ Other Compliance

Why do we need this information?

Facilities need to show that they are committed to improving their environmental performance. This means that you can describe past achievements and will make future commitments.

What do you need to do?

Refer to the Environmental Performance Table in the instructions to answer questions 1 and 2.

Section C

Tell us about your past achievements and future commitments.

Part 1 You must report past achievements for at least two environmental aspects, and you must choose these aspects from the Environmental Performance Table on pages 29-31 of the instructions. Please quantify each of your aspects using the units listed for that aspect in the Environmental PTrack Information Hotline at 1-888-339-PTRK.

Note to small facilities: If you are a small facility, you must report past achievements for only one environmental aspect.

First achievement

1 What aspect have you selected from the Table on page 29-31?	Emissions of Toxics	
2 What units are you using to quantify this aspect? (See Table, page 29-31.)	lbs.	
	PAST	CURRENT
3 List the past annual quantity of the aspect (from two years ago) and the current annual quantity of the aspect (from the most recent year for which you have data).	31789	11950
4 What are the years for which you are reporting these quantities?	1999	2001
5 Estimate your past normalizing factor (Page 18 of the Instructions will help you calculate this.)	0.9	1.0
6 What is your normalizing factor based on (e.g., production, employment)?	Value of Production	

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<p>7 You reported an improvement in the quantity of the aspect in Question 3. How did you achieve this improvement?</p>	<p>Installed control equipment on the EO sterilization rear chamber exhaust and aeration chamber vents.</p>
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Second achievement

1 What aspect have you selected from the Table on page 29-31?	Hazardous Solid Waste	
2 What units are you using to quantify this aspect? (See Table, page 29-31.)	lbs	
	PAST	CURRENT
3 List the past annual quantity of the aspect (from two years ago) and the current annual quantity of the aspect (from the most recent year for which you have data).	13447	11941
4 What are the years for which you are reporting these quantities?	1999	2001
5 Estimate your past normalizing factor (Page 18 of the Instructions will help you calculate this.)	0.9	1.0
6 What is your normalizing factor based on (e.g., production, employment)?	Value of Production	
7 You reported an improvement in the quantity of the aspect in Question 3. How did you achieve this improvement?	Implemented covered dishes for solvent bonding reducing the number of times that the solvent had to be changed. Solvent must be discarded after 24 hrs. due to bacteria growth therefore only the quantity that can be used in 24 hrs. is poured into the using container. Replaced hazardous solvents with friendler non-hazardous solvents.	

Part 2 You must make future commitments for at least four environmental aspects, and you must choose these aspects from the Environmental Performance Table on pages 29-31 of the Instructions. The aspects you select for your future commitments should be related to the objectives and targets in your EMS. Where possible, they also should be identified as having a significant environmental impact in your EMS. No more than two of your aspects can be from the same environmental category. If you're not sure how your objectives and targets fit into our aspects or whether your aspects are significant, call the PTrack Information Hotline at 1-888-339-PTRK.

Once you have chosen your four environmental aspects, then fill in all the necessary information for these aspects in the tables on pages 7-10 of this form. Please quantify each of your aspects using the units listed for that aspect in the Environmental Performance Table. Each table that you must fill in corresponds to one of the environmental aspects you have chosen.

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We will assume that your performance commitments are based on a constant production or employment level. If you would like to base your commitment on changing production or employment, please fill out optional questions 6a and 6b.

Note to small facilities: If you are a small facility, you must report future commitments for only two environmental aspects.

Section C, continued

Expiration Date:

First commitment

1	What aspect have you selected from the Table on pages 29-31?	Emissions of Toxics	
2	What units are you using to quantify this aspect?	lbs	
3a	Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b	If no, please explain why you believe this aspect should be included as a performance commitment.		
		CURRENT	FUTURE
4	List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	11950	11585
5	What are the years for which you are reporting these quantities?	2001	2005
6a	(Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	1.3
6b	(Optional) What is your normalizing factor based on (e.g., production, employment)?	Value of Production	
7	You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Reduce solvent usage by investigating ways to perform plastics bonding other than solvent bonding. Identify less toxic solvents.	
8a	Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8b	If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.	Title V Air Permit; HAP emissions - 18320 lbs/yr; continuous compliance with Air Operating Permit requirements. Current levels and future goals represent a 37% reduction in allowed emissions per permit requirements.	

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Second commitment

1	What aspect have you selected from the Table on pages 29-31?	Total Energy Use	
2	What units are you using to quantify this aspect?	KwH	
3a	Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b	If no, please explain why you believe this aspect should be included as a performance commitment.		
		CURRENT	FUTURE
4	List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	63037157	70,601,615
5	What are the years for which you are reporting these quantities?	2001	2005
6a	(Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	1.3
6b	(Optional) What is your normalizing factor based on (e.g., production, employment)?	Value of Production	
7	You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Install point use meters; steam leak/trap maintenance program, aggressive repair program on compressed air leaks; lower winter heating to 65 degrees F in warehouse area.	
8a	Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8b	If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.		

Section C, continued

Expiration Date:

Third commitment

1 What aspect have you selected from the Table on pages 29-31?	Hazardous Solid Waste	
2 What units are you using to quantify this aspect?	lbs	
3a Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b If no, please explain why you believe this aspect should be included as a performance commitment.		
	CURRENT	FUTURE
4 List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	11941	10312
5 What are the years for which you are reporting these quantities?	2001	2005
6a (Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	1.3
6b (Optional) What is your normalizing factor based on (e.g., production, employment)?	Value of Production	
7 You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Reduce one-time streams associated with implementation of new product. Investigate non-hazardous alternatives.	
8a Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8b If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.		

Fourth commitment

1 What aspect have you selected from the Table on pages 29-31?	Total Water Use	
2 What units are you using to quantify this aspect?	gallons	
3a Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b If no, please explain why you believe this aspect should be included as a performance commitment.		
	CURRENT	FUTURE
4 List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	133,781,500	127,000,000
5 What are the years for which you are reporting these quantities?	2001	2005
6a (Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	1.3
6b (Optional) What is your normalizing factor based on (e.g., production, employment)?	Value of Production	
7 You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Recirculate water on new equipment when possible. Cooling tower upgrade will provide greater capacity in order to provide cooling for the sterilization vessels which are now cooled with water from the city on a one-pass.	
8a Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8b If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.		

Why do we need this information?

Facilities need to demonstrate their commitment to public outreach and performance reporting. You should have appropriate mechanisms in place to identify community concerns, to communicate with the public, and to provide information on your environmental performance.

What do you need to do?

- ♦ Describe your approach to public outreach.
- ♦ List three references who are familiar with your facility.

Section D

Tell us about your public outreach and reporting.

1 How do you identify and respond to community concerns?

"Non-Conformance Log" is a tool that is used that defines responsibility and authority for handling and investigating nonconformance (community concerns), taking action to mitigate any impacts caused and for initiating and completing corrective and preventive action.

2 How do you inform community members of important matters that affect them?

"Press Release" in local newspaper.

3 How will you make the Performance Track Annual Performance Report available to the public?

- ☐ Website www.
- ☒ Newspaper
- ☐ Open Houses
- ☐ Other

Section D, continued*Expiration Date:*

- 4 Are there any ongoing citizen suits against your facility? ☐ Yes ☒ No

If yes, describe briefly in the right-hand column.

- 5 List references below

	<i>Organization</i>	<i>Name</i>	<i>Phone number</i>
<i>Representative of a Community/ Citizen Group</i>	Baxter County Judge	Judge Joe Bodenhamer	(870) 425-2755
<i>State/tribal/local regulator</i>	Arkansas Department of Environmental Quality	Bryant K. Lamb	(870) 368-5053
<i>Other community/local reference (e.g., emergency management official or business associate)</i>	Local Emergency Response Coordinator	Charles Newton	(870) 424-6119

Section E

Application and Participation Statement.

On behalf of Baxter Healthcare Corporation
[my facility],

I certify that

I have read and agree to the terms and conditions for Application and Participation in the National Environmental Performance Track, as specified in the *National Environmental Performance Track Program Guide* and in the *Application Instructions*;

- I have personally examined and am familiar with the information contained in this Application, including the Environmental Requirements Checklist. The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has an environmental management system (EMS), as defined in the Performance Track EMS requirements, including systems to maintain compliance with all applicable Federal, State, tribal, and local environmental requirements in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all Federal, State, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Performance Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date

Printed Name/Title

Mr./Mrs./Ms./Dr. Mr. Vick M. Crawley Plant Manager

Phone Number/E-mail

870-424-5210 / Vick_Crawley@baxter.com

Facility Name

Baxter Healthcare Corporation

Facility Street Address

1900 N. Hwy. 201

City/State/Zip Code

Mountain Home, AR 72653

Environmental Requirements Checklist

Use the Environmental Requirements Checklist to answer Question 5 in *Section A, Tell us about your facility*. This Checklist will help you identify the *major* Federal, State, tribal, and local environmental requirements that apply at your facility, but it is not an exhaustive list of all environmental requirements that may be applicable at your facility.

Fill in your facility information below and enclose the completed Checklist with your application.

Air Pollution Regulations

Check all that apply

- ☒ 1. National Emission Standards for Hazardous Air Pollutants (40 CFR 61)
- ☒ 2. Permits and Registration of Air Pollution Sources
- ☒ 3. General Emission Standards, Prohibitions, and Restrictions
- ☐ 4. Control of Incinerators
- ☒ 5. Process Industry Emission Standards
- ☒ 6. Control of Fuel Burning Equipment
- ☒ 7. Control of VOCs
- ☒ 8. Sampling, Testing, and Reporting
- ☒ 9. Visible Emissions Standards
- ☐ 10. Control of Fugitive Dust
- ☒ 11. Toxic Air Pollutants Control
- ☐ 12. Vehicle Emissions Inspections and Testing

Other (you must list these if applicable)

- ☐ 13. Federal, State, tribal, or local regulations not listed above.
- ☒ 14. ID Numbers (specify whether State or Federal).
State Air Permit #544-AOP-R1

Hazardous Waste Management Regulations

Check all that apply.

- ☒ 1. Identification and listing of hazardous waste (40 CFR 261)
 - ☒ - Characteristic waste
 - ☒ - Listed waste
- ☒ 2. Standards Applicable to Generators of Hazardous Waste (40 CFR 262)
 - ☒ - Manifesting
 - ☒ - Pre-transport requirements
 - ☒ - Record keeping/reporting
- ☐ 3. Standards Applicable to Transporters of Hazardous Waste (40 CFR 263)
 - ☐ - Transfer facility requirements
 - ☐ - Manifest system and record-keeping
 - ☐ - Hazardous waste discharges
- ☐ 4. Standards for Owners and Operators of TSD Facilities (40 CFR 264)
 - ☐ - General facility standards
 - ☐ - Preparedness and prevention
 - ☐ - Contingency plan and emergency procedures
 - ☐ - Manifest system, record-keeping, and reporting
 - ☐ - Groundwater protection
 - ☐ - Financial requirements
 - ☐ - Use and management of containers
 - ☐ - Tanks
 - ☐ - Waste piles
 - ☐ - Land treatment
 - ☐ - Incinerators
- ☐ 5. Interim Standards for TSD Owners and Operators (40 CFR 265)
- ☐ 6. Interim Standards for Owners and Operators of New Hazardous Waste Land Disposal Facilities (40 CFR 267)
- ☐ 7. Administered Permit Program (Part B) (40 CFR 270)

Other (you must list these if applicable)

- ☐ 8. Federal, State, tribal, or local regulations not listed above
- ☒ 9. ID Numbers (specify whether State or Federal).
ARD005935986 ARD000777052

Hazardous Materials Management

Check all that apply.

- ☐ 1. Control of Pollution by Oil and other Hazardous Substances (33 CFR 153)
- ☒ 2. Designation of Reportable Quantities and Notification of Hazardous Materials Spill (40 CFR 302)
- ☒ 3. Hazardous Materials Transportation Regulations (49 CFR 172-173)
- ☒ 4. Worker Right-to-Know Regulations (29 CFR 1910.1200)
- ☒ 5. Community Right-to-Know Regulations (40 CFR 350-372)
- ☐ 6. Underground Storage Tank Regulations (40 CFR 280-282)

Other (you must list these if applicable)

- ☐ 7. Federal, State, tribal, or local regulations not listed above.
- ☐ 8. ID Numbers (specify whether State or Federal).

Solid Waste Management

Check all that apply.

- ☐ 1. Criteria for Classification of Solid Waste Disposal Facilities and Practices (40 CFR 257)
- ☐ 2. Permit Requirements for Solid Waste Disposal Facilities
- ☐ 3. Installation of Systems of Refuse Disposal
- ☐ 4. Solid Waste Storage and Removal Requirements
- ☐ 5. Disposal Requirements for Special Wastes

Other (you must list these if applicable)

- ☐ 6. Federal, State, tribal, or local regulations not listed above.
- ☐ 7. ID Numbers (specify whether State or Federal).

Water Pollution Control Requirements

Check all that apply.

- ☒ 1. Oil Spill Prevention Control and Countermeasures (SPCC) (40 CFR 112)
- ☐ 2. Designation of Hazardous Substances (40 CFR 116)
- ☒ 3. Determination of Reportable Quantities for Hazardous Substances (40 CFR 117)
- ☐ 4. NPDES Permit Requirements (40 CFR 122)
- ☐ 5. Toxic Pollutant Effluent Standards (40 CFR 129)
- ☒ 6. General Pretreatment Regulations for Existing and New Sources (40 CFR 403)
Name of POTW City of Mountain Home, AR
ID # of POTW AR0021211
- ☐ 7. Organic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 414)
- ☐ 8. Inorganic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 415)
- ☐ 9. Plastics and Synthetics Point Source Effluent Guidelines and Standards (40 CFR 416)
- ☐ 10. Water Quality Standards
- ☐ 11. Effluent Limitations for Direct Dischargers
- ☐ 12. Permit Monitoring/Reporting Requirements
- ☐ 13. Classifications and Certifications of Operators and Superintendents of Industrial Wastewater Plants
- ☐ 14. Collection, Handling, and Processing of Sewage Sludge
- ☐ 15. Oil Discharge Containment, Control and Cleanup
- ☐ 16. Standards Applicable to Indirect Discharges (Pretreatment)

Other (you must list these if applicable)

- ☐ 17. Federal, State, tribal, or local regulations not listed above.
- ☐ 18. ID Numbers (specify whether State or Federal).

Drinking Water Regulations

Check all that apply.

- ☐ 1. Underground Injection and Control Regulations, Criteria and Standards (40 CFR 144, 146)
- ☐ 2. National Primary Drinking Water Standards (40 CFR 141)
- ☐ 3. Community Water Systems, Monitoring and Reporting Requirements (40 CFR 141)
- ☐ 4. Permit Requirements for Appropriation/Use of Water from Surface or Subsurface Sources
- ☐ 5. Underground Injection Control Requirements
- ☐ 6. Monitoring, Reporting and Record keeping Requirements for Community Water Systems

Other (you must list these if applicable)

- ☐ 7. Federal, State, tribal, or local regulations not listed above.
- ☐ 8. ID Numbers (specify whether State or Federal).

Toxic Substances

Check all that apply.

- ☐ 1. Manufacture and Import of Chemicals, Record-keeping and Reporting Requirements (40 CFR 704)
- ☐ 2. Import and Export of Chemicals (40 CFR 707)
- ☐ 3. Chemical Substances Inventory Reporting Requirements (40 CFR 710)
- ☐ 4. Chemical Information Rules (40 CFR 712)
- ☐ 5. Health and Safety Data Reporting (40 CFR 716)
- ☐ 6. Pre-Manufacture Notifications (40 CFR 720)
- ☐ 7. PCB Distribution Use, Storage and Disposal (40 CFR 761)
- ☐ 8. Regulations on Use of Fully Halogenated Chlorofluoroalkanes (40 CFR 762)
- ☐ 9. Storage and Disposal of Waste Material Containing TCDD (40 CFR 775)

Other (you must list these if applicable)

- ☐ 10. Federal, State, tribal, or local regulations not listed above.
- ☐ 11. ID Numbers (specify whether State or Federal).

Pesticide Regulations

Check all that apply.

- ☐ 1. FIFRA Pesticide Use Classification (40 CFR 162)
- ☐ 2. Procedures Storage and Disposal of Pesticides and Containers (40 CFR 165)
- ☐ 3. Certification of Pesticide Applications (40 CFR 171)
- ☐ 4. Pesticide Licensing Requirements
- ☐ 5. Labeling of Pesticides
- ☐ 6. Pesticide Sales, Permits, Records, Application and Disposal Requirements
- ☐ 7. Disposal of Pesticide Containers
- ☐ 8. Restricted Use and Prohibited Pesticides

Other (you must list these if applicable)

- ☐ 9. Federal, State, tribal, or local regulations not listed above.
- ☐ 10. ID Numbers (specify whether State or Federal).

Environmental Clean-Up, Restoration, Corrective Action

- ☐ 1. Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or Superfund). Please identify and include date of Record of Decision.
- ☐ 2. RCRA Corrective Action. Please provide date of RCRA/HSWA permits that require corrective action.
- ☐ 3. Other Federal, State, tribal, or local environmental clean-up, restoration, corrective action regulations not listed above. Please include date of requirement.

Facility Name Baxter Healthcare Corporation

Facility Location: Mountain Home, AR 72653

The National Environmental Performance Track is a U.S. Environmental Protection Agency program. Please direct inquiries to 1-888-339-PTRK (7875) or e-mail ptrack@indecon.com.

To submit your application:

- 1) E-mail the completed application to ptrack@indecon.com,
and
- 2) Fax the completed and signed Section E (**not** the entire application) to (617) 354-0463.

If you cannot e-mail the application, mail a hard copy of the entire completed application to:

The Performance Track Information Center
c/o Industrial Economics Incorporated
2067 Massachusetts Avenue
Cambridge, MA 02140

Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 40 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.